



NOT IN OUR TOWN

Local Municipalities Committed to Citizen Safety and Evidenced Based Healthcare

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Not in Our Town

Local Municipalities Committed to Citizen Safety and Evidenced Based Healthcare

Dear Honorable Mayor, City Council, and County Commissioners,

This packet of information was created to assist your efforts to support a safe and healthy community. In addition to the Opt-Out Toolkit, produced by Drug Free Alabama, this packet can be used as a more strongly worded accompaniment. The sample ordinances, sample proclamation, detailed citations, and medical organizations list will help you communicate the facts in a succinct manner.

As the law currently reads, local municipalities have a choice. You are automatically opted-out, which means no pot-shops, unless local leaders vote in the affirmative. Understanding the intense pressure, lobbying, and carefully scripted methods used by the marijuana industry, many municipalities in Alabama will find themselves inundated. This is why we are here to help.

Rather than wait for the industry to come to you, be prepared. Become informed, aware, and well defended against common misconceptions. Remember, this is NOT about denying help for valid, though rare, cases of patients that *may* benefit from a carefully regulated form of FDA-approved marijuana, currently available by physician prescription and pharmacy supply. The patients' concerns and suffering are real and evoke our compassion. Rather, the real fight concerns a broadly written and scientifically unfounded law designed to benefit an industry, which places many Alabamians at risk.

Until significant changes can be made to this law, the threat from pot shops in your community is high. By publicly declaring "Not in Our Town," you help send a message that health and safety are top priorities in your community.

Thank you for the courage to learn and speak the truth, limit the influence of a powerful industry, uphold the high standards of evidenced based healthcare, and place the safety of your communities first.

Sample Ordinances

Advertising

- . Ban on all advertising within the municipal authority
- . Billboards, Yard Signs, Newspaper (print/online), Mailers, Flyers, Sky Banners
- . Social media or any media advertising to children
- . Wrapped, Detailed, or Magnetic signs on vehicles

Delivery Services

- . Ban all end point delivery services, residential or commercial
- . No public places may be used as distribution points
- . No delivery vehicles may park in any residential, commercial or public place

City/County Employees

- . Employees with an issued marijuana card must be registered with city/county
- . Will be subject to frequent drug testing
- . No employee may have THC in their system if their job requires work with confidential or legal material, finances, heavy equipment, police, fire, jail, courts, children, or any city/county issued vehicles.

School Employees

- . Employees with an issued marijuana card must be registered with the school board.
- . Will be subject to frequent drug testing
- . No employee may have THC in their system if their job requires work with confidential or legal material, finances, heavy equipment, children within 500ft, or any school board issued vehicles.

Caregiver

- . All caregivers must be registered with the city/county health/social services department and police/sheriff's department.
- . A caregiver must either be a licensed nurse or doctor or immediate family member designated as a patient/minor's caregiver.
- . Any caregiver working for the city/county or schools must also abide by restrictions set above.

~Proclamation~

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Whereas:

- ~The use of marijuana (MJ) dispensaries (pot shops) have no scientific or evidenced based support for medical treatment, effective pain management, or mental health ^{1,2,3,4,5,16,20}
- ~The presence of marijuana dispensaries increases teen drug use and local crime ^{10,11,12,15,16,18,25}
- ~The incidence of in-utero exposure increases with dispensaries and increases the risk of low-birth-weight infants and children with higher risk of autism and behavioral/cognitive disorders ^{6,7,8,9}
- ~The risk of child deaths by abuse or neglect is strongly linked with marijuana use ¹⁵
- ~The risk of opioid abuse and deaths rises significantly with marijuana use ^{2,4,5}
- ~The MJ knowledge **deficit** of physicians, nurses, and healthcare providers is extensive ^{30,31}
- ~There are over a dozen well-respected medical societies against marijuana as medicine.
- ~The law enforcement community repeatedly warns against the dangers of pot shops.
- ~The US federal government maintains a Class I Schedule for marijuana; thereby, making use and dispensing of said drug a federal crime
- ~The rate of illicit drug trafficking and presence of cannabis cartels rises with the presence of pot shops, according to the medical textbook *Cannabis in Medicine: An Evidenced Based Approach*
- ~The use of marijuana increases cardiac mortality, domestic violence, and suicide risks ^{18,20,27,28,29}
- ~There are already four FDA approved drugs, developed from cannabis, that address health concerns such as cancer, HIV suffering, and intractable epilepsy (Epidiolex, Marinol, Syndros, Cesamet) *Cannabis in Medicine: An Evidenced Based Approach*
- ~The pot shop staff frequently use MJ, while giving untrained medical advice ^{31, 33}
- ~The estimated cost:benefit ratio to society is an untenable 4.5:1, reversing tax gains. Contaminants and poor regulatory control are also problems with pot shops. ³⁴⁻³⁶

We, the county/city of _____, hereby declare that we will not accept the presence of marijuana dispensaries or pot shops, neither now nor in the future. We do not welcome the lobbying efforts of the cannabis industry. We are also committed to preventing additional activities of the cannabis industry, such as advertising, delivery services, and exposure in our schools.

Not in Our Town: Data and Citations

Pain/Opioids

1. The IASP (International Association for the Study of Pain) recently reports no statistically significant evidence of pain relief; yet, pain is the most frequently cited diagnoses for obtaining **dispensary marijuana (DMJ)** cards. Small clinical trials suggest some efficacy for neuropathic and cancer-related pain, the IASP calls for further research and does not support the use of DMJ for pain relief.
2. Participants who test positive for THC have higher risk for future opioid and substance abuse. *Dibenedetto, Pain Med 2017*
3. Medical Cannabis use **increases** opioid abuse 38% compared to 5.8% of the general public. *Reisfield, Pain Med 2009*
4. Medical Cannabis users have **higher risk** of opioid use disorder and misuse prescriptions opioids, N = 34,653 *Olfson, Am.J. Psyc 2017*
5. States with DMJ laws see an increase of opioid deaths by 22.7%, questioning the “marijuana protective hypothesis” and conclusions of the Baubacher JAMA report (*Shover, PNAS 2019*); The Bleyer and Barnes study revealed an acceleration of opioid deaths of 78%, whether medical or recreational, disproving the BMJ article.

Neonatal Exposure/Autism/Behavior

6. Fetal Cannabis Disorder related to **2-3x increased risk of ADHD and autism** in patients exposed in utero *Schreiber, Med Hyp 2019*
7. Pre-natal exposure results in lower IQ's, lower birth weight, increased neonatal ICU complications *Jansson, JAMA 2018; Alpar, Bio Psych 2019; Corsi, JAMA 2018*
8. Marijuana use **worsens autism scores**, increases rates of autism spectrum disorder, and is not recommended as a treatment for autism *Deakwis, J Drug Alcohol 2014; Hadland, J Dev Beh Ped 2014; Reese, Clin Ped vol 154, 155*
9. Marijuana use alters male sperm and results in **higher rates of autism in their offspring** *Scott, Epigenetics 2019*

Youth Exposure/Use in States with DMJ (DMJ, Dispensary Marijuana)

10. “Within a year of first trying marijuana, 10.7% of adolescents (12-17 yo) had become addicted to it...within three years of first trying the drug, 20% of adolescents became addicted to it”. Marijuana use in the developing brain is **more addictive than opioids**. *JAMA Pediatrics, March 2021*
11. Adolescents who use marijuana are at much higher risk of using other substances and increased daily marijuana use, have decreases in perceived risk; *Harvard, Journal of Adolescent Health, 2018*
12. When youth live near a dispensary or grower, they use **more** marijuana. The introduction of DMJ increases pediatric and adolescent marijuana use. *Shih, Addiction 2019; Paschall, J Prim Prev 2017*

Not in Our Town: Data and Citations

Brain Development/Child Abuse

13. Cannabis use causes **lower IQ**, higher school dropout rates, decreased executive function and memory with potentially permanent effects *Volkow, N Eng J Med 2014; Petker, J NeuroPsy 2018; Meyer, PNAS*
14. Marijuana increases impulsivity/hostility: *Ansell, Drug and Alcohol Depen 2015*
15. **Child abuse deaths**; top cause is MJ, followed by nothing, followed by unknown *Texas Dept Health* (Texas is only a DMJ state)

Psychoses/Schizophrenia/Violent Behavior

16. Marijuana use can result in psychoses, violent psychotic schizophrenia, and reveal changes detectable by brain imaging, especially for teens and veterans exposed *Mustonen, Br J Psy 2018; Bourque, JAMA Psy 2018; Marconi, Schiz. Bulletin 2017; Murray, Neuropsychopharm 2017; Finn, Cannabis in Medicine*
17. Daily use increases schizophrenia risk **5 times** *Di Forti, Lancet 2019*
18. **Marijuana-associated violence**: Colorado Halloween Shooter (2015), CA pot grower kills wife and stuffs her in a hole, Girlfriend stabs boyfriend to death after MJ. CA mother kills her three children (2021). All had only one substance in toxicology: THC.
19. Colorado attorney and “father of marijuana legalization” regrets legalization, after losing his right to practice law, due to his MJ-induced psychotic and violent outbursts. *The Gazette, 4/9/2021*

Depression and Suicidality

20. Marijuana is the number one drug for **completed teen suicide** in Colorado, and has replaced alcohol since 2012 *CO Dept of Health*; Adolescents who regularly use marijuana experience significantly higher rates of depression and suicidality later into adult life *Gobi, JAMA 2019; Rasic, DrugAlcoholDep 2013; Degenhardt, Addiction 2013*

Addiction/Withdrawal

21. Youth marijuana **addiction twice** as much as alcohol *Volkow, JAMA Ped 2018*
22. 30-50% of chronic users develop Cannabis Use Disorder or other drug addiction with youth **4-7x more** likely to develop a drug problem than exposed adults *Winters, DrugAlcoholDepen 2008; Bell, JAMA 1994; Hasin, Neuropsychopharm 2018*

ER Visits/Hospital Costs

23. One Colorado hospital reported \$20 Million losses due to MJ related ER visits, from 2009-2014 (before full legalization). When extrapolated to the entire state of Colorado, losses estimated at \$500,000,000 *J Global Drug Policy Practice, 2016*
24. Adolescent visits to an Emergency Department in Denver increased significantly over time with over 70% related to psychiatric illness; *Wang, Journal of Adolescent Health, 2018*

Not in Our Town: Data and Citations

Motor Vehicle Accidents

25. Levels as low as 1ng/ml of THC results in **driving impairment 3-7x higher than the normal population**, and alcohol with cannabis worsen the impairment with increased lane weaving, decreased judgment, and visual impairment *Raemakers, DrugAlcoholDep 2004; Hartman, Clin Chem 2013;*

Cannabinoid Hyperemesis Syndrome (CHS)

26. Scromiting is a condition of screaming and vomiting caused by long term cannabis use; has caused death and disability *LaPoint, West J Emer Med 2018; Nourbakhsh, J Forensic Sci 2019; Fry, NBC San Diego 2017*

Cardiovascular Health

27. **4.8x more** likely to have a heart attack within 60 minutes of use *Mittleman, Circ: AHA 2001*
28. Increased risk of heart disease, cardiomyopathy, heart attack and stroke *Desai, Medicina 2019; Caldicott, Euro J Emer Med 2019; AHA 2016; Strongly **contraindicated** in any cardiac patient Franz, Cardiology Review 2016*
29. Cardiac mortality rate after MI is 29% higher in MJ users; *Frost et al, AmHeartJ 2013*

Lack of Knowledge and Training

30. Multiple studies of physicians and nurses reveal a large gap in knowledge, lack of education, and little confidence to safely make recommendations for marijuana *Bowling, Cannabis in Medicine, 247-248*
31. Multiple studies reveal dispensary staff have little to no medical training, often use MJ, and frequently give medical advice to patients *Bowling, Cannabis in Medicine, 247-253*

Drug Interactions and Poor Quality

32. Due to hundreds of chemicals in the whole marijuana plant, multiple drug interactions occur. DMJ increases bleeding time in Warfarin patients and increases organ rejection rates in transplant patients taking Prograf. Often, transplant surgeons refuse a patient positive for THC. *Finn, Cannabis in Medicine*
33. Experts stress that it is impossible for marijuana dispensaries to provide a pharmaceutical grade product. *Bowling, Cannabis in Medicine, 252-253*

Regulatory Bodies/Contaminants

34. In 2019, the state of Oregon conducted an audit and found that they could not inspect the vast majority of growers or dispensers. They concluded that testing was not reliable, nor their products fit for human consumption. *Oregon Secretary of State*
35. A cost:benefit ratio study estimated at **4.5:1** *Centennial Institute, CCU, 8/20/19*
36. DMJ is often contaminated with chemicals, metals and molds. A CA cancer patient died, not from cancer but, from the aspergillus in their DMJ *IASICI.org, Cannabis in Medicine*



Medical Organizations Against Dispensary Marijuana*

*Referring to non-FDA approved, non-pharmaceutical grade marijuana available in dispensary “pot shops”

Association for Addiction Professionals

American Academy of Neurology

American Academy of Ophthalmology,

American Academy of Pediatrics

American Heart Association

American Epilepsy Society

American Psychiatric Association

American Medical Association

International Association for the Study of Pain, IASP

American Cancer Society

American College of Medical Toxicology

American College of Obstetricians and Gynecologists

American Dental Association

American Glaucoma Foundation

American Lung Association

American Society of Addiction Medicine

Australian and New Zealand College of Anaesthetists, Faculty of Pain Medicine